

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047058

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED DEC 26 1962

Primary Registration District No. 1002

Registrar's No.

6209

VS 300
Rev. 4/59

1

23558

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94201

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11

1290-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
Cohen, Harry K. MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
50 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3701 Euclid

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3701 Euclid

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

PATRICK

J.

MC NAMARA

4. DATE OF DEATH

Month

Day

Year

December

7,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒

8. DATE OF BIRTH

10-28-1888

9. AGE (last birthday)

74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY

Country Club Dairy

11. BIRTHPLACE (City and state or country)

County Kerry, Ireland

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Patrick McNamara

13b. MOTHER'S MAIDEN NAME

Mary (unknown)

14. NAME OF HUSBAND OR WIFE

Mollie McNamara

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mollie McNamara 3701 Euclid

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary occlusion

DUE TO (b)

Hypertensive Cardiovascular dis.

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1956

to

1962

and last saw him alive on

11-20-62

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Harry K. Cohen

(Degree or title)

22b. ADDRESS

751 E 63rd St.

22c. DATE SIGNED

12-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-10-62

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Melody-McGilley-Eylar Woodland

25. DATE RECD. BY LOCAL REG.

12-7-62

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Mr. Harry Cohen
751 E. 63rd St.

Em 1-2123

Th: 1:00 to 5:00 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. MO#4523

P. O. Address Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.